MISCELLANEOUS DEPARTMENT

OFFICE OF THE DIRECTOR OF HEALTH AND FAMILY PLANNING SERVICES IN KARNATAKA, BANGALORE.

Notification dated 26th August 1975.

No. MCT/127/75-76. Lady Health Visitors Training Course at Bangalore, Belgaum, and Mangalore.

Applications are invited from lady candidates (preferably knowing Kannada) for undergoing training in Health Visitors Course to be conducted by this Department at, Vani-vilas Hospital, Bangalore, Civil Hospital, Belgaum, and Government Wenlock Hospital, Mangalore

Age :—The applicants should have completed 18 years of age and must be within 35 years as on 1st October 1975 in case of Scheduled Caste and Scheduled Tribes candidates, the age limit is extended upto 40 years.

Qualification :—The candidates should have passed S. S. L. C. or any other equivalent examination. In case of candidates belonging to Scheduled Castes and Scheduled Tribes the qualification is relaxable to a minimum of having undergone the S S L C. course. Preference will be shown to candidates who have done Dais or Midwifery Training in addition to the above qualification. Preference will also be shown to widowed or deserted candidates.

The prescribed application forms can be obtained from the District Health and Family Planning Officers, Bangalore, Belgaum, and Mangalore, by sending a self-addressed stamped envelope.

The prescribed application forms duly filled-in by the candidates belonging to Districts shown below together with the attested copies of the required certificates should reach the concerned District Health and Family Planning Officer on or before 1st October 1975 The applications received after 1st October 1975 are liable to be rejected.

The applicants when called for interview should appear before the Selection Committee at their own cost at the following places ;

	Interview Centre		Number of candidates	Number of seats reserved for	
				B.C.	(S. C. and S. T.)
			2	3	4
1	Vani-vilas Hospital, Bangalore	...	30	9	6
2	Civil Hospital, Belgaum	...	30	9	6
3	Government Wenlock Hospital, Mangalore	...	30	9	6

No correspondence will be entertained from the candidates not called for interview.

After the successful completion of the training which will last for about 30 months, the trainees will be appointed as Health Visitors in the Primary Health Centres, on a pay scale of Rs. 175-10-275-15-350-EB-20-450, with admissible dearness allowances. During the training period the candidates are eligible for a stipend of Rs. 60 per month.

Original certificates have to be produced at the time of interview and at the time of joining the training.

.....

471 *Addl. Director of Health and Family Planning Services.*

FORM OF APPLICATION FOR ADMISSION TO LADY HEALTH VISITOR COURSE.

(To be filled in by the candidates own handwriting in English).

1	Name in Full (block letters)	
2	Present Occupation. If any.	
3	Address in full	
4	Father's name or Guardian's Name and address and income	
5	Date of Birth and age (copy) of the school leaving certificate to be enclosed.	
6	(a) Nationality Community Caste (b) Whether a Mysorean or Non-Mysorean	
7	Whether single, married or widow, Number of Children, if any, age of last child (If married a consent letter from her husband has to be enclosed)	
8	Educational qualification.	
	Does the applicant know Kannada ; If so, a specimen copy of the hand writing in Kannada may be enclosed.	
10	Has the applicant had any practice in Midwifery (as a Dai) ; if So, where and for what period ;	
11	Whether the following documents are attached. (a) a certificate signed by the head of the School where the applicant had studied indicating the highest examination passed. (b) A certificate of age, copy of the transfer certificate to be enclosed. (c) Physical fitness and Vaccination certificate signed by a Medical Officer not below the rank of an Assistant Surgeon. (d) Two certificates of good moral character signed by persons of position who should have known the applicant for at least 2 years. Proceeding the date of application. (e) If belonging to Backward/Scheduled or Tribes communities, certificate for the same.	
12	Names of two sureties with addresses residing in Karnataka State preferably permanent Government servents or M. L. A. or equivalent if non-Government Servants.	
13	Any other particulars which may help for her selection.	

Place.....

Date.....

Signature of the Applicant.

Rules and conditions for training stipendary pupil Health Visitors for services in the Department of Health Services.

1. The candidates should be ladies and have passed SSLC or equalent examination (SSLC Course) completion for ST and SC candites).
2. The age limit for admission is 18 to 35 years and 40 years in case of Scheduled Caste and Scheduled Tribes candidates.
3. The duration of the course is 30 months.
4. The selected stipendiary candidates should execute a bond in the prescribed form, agreeing to serve the Department for a period of not less than 5 years or to refund the amount of stipend received, if they are discharged from the service for misconduct or if they fail to serve for the period of 5 years.
5. They should strictly adhere to the rules and discipline of the institution where they are under training.
6. They should give two sureties from persons in position preferably permanent Government servants with pay not less than Rs. 100 per month or others such as M. L. A., or equivalents.
7. A stipend of Rs. 60 per month will be paid for the period of training of 30 months.
8. The candidates should give an undertaking stating that they are prepared to work anywhere in Karnataka State after completion of their training and to undergo the Training at any place, if they are selected.
9. The candidates will be required to appear for interview at their own cost. They will not be entitled for travelling allowance for joining the Training course or on first appointment. Free accommodation will be provided wherever available, but no allowance will be paid if accommodation is not provided.
10. Applications without the required certificates and not in the prescribed form will not be considered.

N.B :— (i) Only attested copies of certificates may be sent with applications. The original should be produced for verification at the time of interview.

(ii) Any candidate found to be pregnant at the time of or after admission, will be discharged from the training.

I hereby declare that the above statements are true to the best of my knowledge and belief. I have read the conditions and rules of training and service, which abide with, I agree to serve the Department of Health and Family Planning Services, after the completion of Training, for not less than 5 years in Rural areas, failing which I agree to refund the entire amount of stipend paid to me during the training.

Signature of the Applicant.

ANNEXURE

BACKWARD CLASS CERTIFICATE

[For purposes of Article 16 (4) of the Constitution].

1	Name of the applicant ...	
2	Name of the Parent/Guardian. (if parent is not alive). In the case of guardian, state the nature of relationship to the candidate	
3	Permanent Address ...	
4	Postal Address ...	

5 Occupation of parent/guardian (if parent is not alive) Indicate whether :— (a) Actual Cultivator (b) Artisan (c) Petty Businessman (d) Inferior Service (*i.e.* Class IV in Government Services and corresponding class of service in private employment) including casual labour. (e) Any other occupation involving manual labour.	
6 Total Income of Parent/Guardian (If parent is not alive) from all sources : (i) Salary (ii) Land and Buildings (iii) Other Sources.	

DECLARATION BY PARENT/GUARDIAN (IF PARENT IS NOT ALIVE) AND THE CANDIDATE

We do hereby solemnly and sincerely affirm that the statement made and the information furnished above are true. Should it however be found that any information furnished herein is untrue in material particulars, we realise that we are liable to Criminal Prosecution and we are also agreeable to forego the claim for Public Service under the State Government.

Signature of the Candidate

Station.....

Date.....

Signature of the Parent/Guardian (if the parent is not alive)

Station.....

Date.....

CERTIFICATE BY REVENUE AUTHORITY

I do hereby certify that I have on enquiry satisfied myself that the annual income of the parent/guardian (if the parent is not alive) of the candidate applying for benefit granted in Government Order No. GAD-177-SSR-62, dated 16th September 1968, to Backward Classes of Citizens is Rs.....

I am also satisfied that the parent/guardian (if the parent is not alive) of the candidate is pursuing one of the following occupations ;

(i) Actual Cultivator
(ii) Artisan
(iii) Petty Businessman
(iv) Inferior service (*i.e.* Class IV in Government services and corresponding class of services in private employment including casual labour.
(v) Any other occupation involving manual labour.

*Strike out whichever is not relevent.

Seal of Office

Signature of Tahsildar/Revenue Officer.